

Nebraska Division of Behavioral Health

Joint Committee Meeting

State Advisory Committee on Mental Health Services (SACMHS)

State Advisory Committee on Substance Abuse Services (SACSAS)

November 19, 2015/ 9:00 am – 4:05 pm Lincoln, NE – Country Inn & Suites

Meeting Minutes

I. Call to Order/Welcome/Roll Call

John Trouba

John Trouba, Division of Behavioral Health (DBH) Advisory Committee Facilitator, welcomed committee members and others present to the meeting. The Open Meetings Law was posted in the meeting room and all presentation handouts were available for public review. Two new members of the State Advisory Committee on Mental Health Services, Brenda Carlisle and Stacey Werth-Sweeney, were introduced and welcomed.

Roll call was conducted and a quorum was determined to exist for the State Advisory Committee on Mental Health Services and the State Advisory Committee on Substance Abuse Services.

State Advisory Committee on Mental Health Services Members in Attendance: Adria Bace; Karla Bennetts; Brenda Carlisle; Bob Doty; Bev Ferguson; Kathleen Hanson; Brad Hoefs; Linda Krutz; Phyllis McCaul; Kasey Moyer; Ashley Pankonin; Rachel Pinkerton; Mary Thunker; Diana Waggoner; Stacey Werth-Sweeney; Cameron White. Members Absent: Nathan Busch; Patti Jurjevich; Ryan Kaufman; Lisa Jones; Kasey Moyer; Joel Schneider; Mark Schultz.

State Advisory Committee on Substance Abuse Services Members in Attendance: Roger Donovanick; Ann Ebsen; Janet Johnson; Dusty Lord; Kimberley Mundil; Michael Phillips; Randy See; Todd Stull. Members Absent: Ingrid Ganseboom; Paige Hruza; Jay Jackson; Mary Wernke.

DHHS Staff in Attendance: Susan Adams; Sheri Dawson; Karen Harker; Cynthia Harris, Debra Sherard, John Trouba; Heather Wood.

Motion to Approve Minutes

Chairpersons Diana Waggoner & Ann Ebsen

State Advisory Committee on Mental Health Services (SACMHS) Chairperson Waggoner and State Advisory Committee on Substance Abuse Services (SACSAS) Chairperson Ebsen welcomed members, guests and staff to the meeting and presented the minutes for review. Hearing no corrections or comments, SACSAS Chairperson Ebsen called for a motion to approve the August 13, 2015 meeting minutes as written. Moved by Lord and seconded by Mundil, the motion passed on a unanimous voice vote. SACMHS Chairperson Waggoner presented the minutes for review and hearing no corrections called for a motion to approve the August 13, 2015 meeting minutes as written. Moved by Hanson and seconded by Doty, the motion passed on a unanimous voice vote.

II. Public Comment

John Pinkerton was recognized for Public Comment and addressed the Joint Advisory Committees expressing his concerns regarding the shortage of affordable housing for people with behavioral health disorders and encouraged members to continue to support housing options and choice for consumers of behavioral health services.

III. Election of Officers for 2016

Chairpersons Diana Waggoner & Ann Ebsen

SACSAS Chairperson Ebsen opened the floor for nomination of 2016 officers of the State Advisory Committee on Substance Abuse Services. Chairperson Ebsen was nominated to serve as Chairperson and

no other nominations came forth; Randy See was nominated as Vice-Chairperson, and Jay Jackson was nominated as Second Vice-Chairperson. As no other nominations were presented, a motion to cease nominations was made by Hanson and was seconded by Mundil. The nominees were elected by acclamation. Elected officers for the SACSAS for 2016 are Ann Ebsen as Chairperson, Randy See as Vice-Chairperson, and Jay Jackson as Second Vice-Chairperson.

Chairperson Waggoner opened the floor for nominations of 2016 officers of the State Advisory Committee on Mental Health Services. Waggoner was nominated as Chair and no other nominations came forth. Brad Hoefs was nominated as Vice Chair and Mary Thunker as Secretary. As no other nominations were presented, a motion was made to cease nominations was made by Hanson and seconded by Bace. The nominees were elected by acclamation. Elected officers for the SACMHS for 2016 are Diana Waggoner as Chairperson, Brad Hoefs as Vice-Chair, and Mary Thunker as Secretary.

IV. Director's Update

Sheri Dawson

Sheri Dawson, Director of the Division of Behavioral Health, welcomed committee members receiving appointments to the committees and noted the DBH representative on each committee is part of the leadership staff at the Lincoln Regional Center. These appointments support the goal of integration between the state hospitals and community-based services in the DBH and provides us the opportunity to assist individuals wherever they interface. She added that it is important to get out of our silos and develop a truly comprehensive System of Care.

Dawson noted it was National Rural Health Day and asked committee members to describe behavioral health services in small communities. There were several common issues, including challenges of travel time, both for clients and providers as well as identifying gaps, and sustaining services and access to services. Dawson acknowledged a challenge moving forward in 2016 is to define what access is and setting access standards.

Dawson announced DHHS plans for a new Heritage Health Initiative that will combine physical and behavioral health, noting a request for proposals has been issued that will award contracts for three managed care organizations to serve the state. Heritage Health will be a turnkey partnership with Medicaid to establish true integration.

Noting there is no health without behavioral health, Dawson identified the online Network of Care is an example of resources available to help people learn about existing services and locate services in their local area.

Dawson provide an update on the new Office for Facilitation of Recovery that has been opened at LRC and how it will assist individuals with their transition into a community setting.

Many activities are planned for 2016, including a comprehensive needs assessment, a new DBH Strategic Plan (the current plan runs through December 2015 and a bridger planning document will be available for the short term), a four-phased detailed work plan has been developed to implement a Children's System of Care, and a work plan to address housing needs is being developed and there has been more dollars appropriated to the regions to address these gaps.

Director Dawson thanked committee members for their work, noting the afternoon technical assistance planning activity is an opportunity for members to help improve committees operations to meet shared expectations. In closing, she stated the challenge is to be in today while looking at tomorrow and it's going to take all of us working together. Nebraska will have a better system because we're better together.

V. Block Grant Implementation Report

Heather Wood & Karen Harker

Heather Wood, DBH Quality Improvement and Data Performance, presented performance and data indicators measuring achievements of the Combined Mental Health and Substance Abuse Block Grant Plan. She recognized the commitment of the committees to utilize data in review of DBH activities and

described how the new DBH Central Data System will enhance our ability to identify gaps and track progress. Committee members noted the importance of the monitoring the relationship between utilization and needs and stressed the importance of the block grant plan's needs assessment to inform decisions.

Wood reported the state achieved each of the 2014/2015 state block grant goals, specifically:

1. Prevention – Alcohol use among youth. Binge drinking among youth up to age 17 has been reduced to 13.6%.
2. Youth: Improved Family Functioning – Over 95% of caregivers of youth enrolled in the Professional Partner Program completed the WFI assessment.
3. Co-Occurring Disorders – Providers completed a reassessment using the COMPASS-EZ in FY15 and made improvements in every area.
4. Trauma-Informed Care – Providers completed a reassessment using the TIC tool in FY15 and made improvements in every area.
5. Peer Support – A Peer Support Plan was approved by the Director and implementation of over 80% of the plan has occurred in FY15.
6. Tuberculosis – Providers continued to conduct required Tuberculosis screenings in FY15.

In addition, performance and data indicators for the current block grant report year includes the 2015 SYNAR enforcement activities which recorded the Nebraska Retailer Violation Rate at 9 percent, versus a 20 percent average nationally, with the Panhandle area reporting zero citations in 2015.

Karen Harker, newly appointed Division of Behavioral Health Finance Officer, announced her position change and explained that a majority of her time will now be spent at the Lincoln Regional Center while balancing her duties with Community-Based Services section. She can continue to be reached via email or by cell phone.

Harker presented financial information reporting expenditures during specified block grant reporting periods for the both the Mental Health and Substance Abuse Block Grant Implementation Reports, noting that these are actually two separate block grants and each must be reported on separately. She can be contacted directly if there are additional questions about the financial reports.

Lunch & Learn

RESPECT

Demonstrating an impressive revue of mini-skits addressing issues like bullying, gun violence and even pre-school “stop and think” exercises, RESPECT shared their work, vision and purpose with the committees. RESPECT is a non-profit organization formed of professional actor-educators, led by Dr. Patricia Newman, a child psychologist and nationally certified school psychologist, and advised by community organizations. RESPECT travels to schools and communities presenting educational plays and facilitating discussions to prevent violence, bullying and harassment. Visit www.respect2all.org.

VI. Prevention Activity Update

John Trouba

John Trouba, Division of Behavioral Health (DBH) Advisory Committee Facilitator, reported on behalf of Patti Jurjevich, on recent Prevention Advisory Council business. At the November 10, 2015 meeting, the council members participated in planning activities supporting the development of the state *Suicide Prevention Strategic Plan for 2016 and Beyond*. The council also discussed current suicide rates in the state and emphasized that planning must be across the ages and not limited to just youth.

Speakers shared recent data regarding several topics, including binge drinking relating to gender, age, race and other indicators to gain a better understanding of alcohol use in Nebraska, the Nebraska Student Health & Risk Prevention (SHARP) Surveillance System on youth risk survey results, a Division of Public Health new 4-year grant from the CDC to address Nebraska's prescription drug overdose prevention program, and information on the opioid drug overdose prevention program, noting that nationally, overdose deaths have now surpassed motor vehicle accidents as a cause of death.

VII. Public Comment

Mary Hepburn was recognized for Public Comment and addressed the Joint Advisory Committees expressing her concern regarding perceived efforts to limit or close assisted living facilities and explained why these facilities are very important to special populations.

VIII. Advisory Committee Survey Results

Heather Wood

Heather Wood, DBH, reported on a survey sent to Joint Advisory Committee members in October 2015. The survey explored committee member roles and expectations as well as addressing future opportunities and quality improvement. Member discussion emphasized that more committee engagement would improve effectiveness.

IX. 2016 Meeting Schedule

John Trouba

The following 2016 meeting dates were proposed to the SACMHS and SACSAS: Thursday, February 18, 2016; Thursday, June 23, 2016; Thursday, August 18, 2016; and Tuesday, November 15, 2016.

Motion: SACSAS Chairperson Ebsen, hearing no objection, moved to accept the 2016 Joint Advisory Committee dates as presented. Motion by Lord, seconded by Mundil, the motion passed unanimously by acclamation.

Motion: SACMHS Chairperson Waggoner hearing no objection, moved to accept the 2016 Joint Advisory Committee dates as presented. Motion by Hoefs, seconded by Ferguson, the motion carried unanimously by acclamation.

X. Technical Assistance and Interactive Committee Activity

Mark DeKraai, UNL-PPC

Mark DeKraai, Senior Researcher at UNL Public Policy Center, facilitated a planning activity for members of both committees. The purpose of the activity is to improve operations of the committees. DeKraai outlined the process to be used. He identified two desired outcomes for the activity:

1. Developing a common understanding of what effective advisory committees look like, and
2. Identifying components that can be added to become more effective

DeKraai explained that the end result will be specific action steps to move toward more effective operations. Information developed by DeKraai will be shared with committee members.

IX. Committee General Comments and Observations

All

- Mundil noted that there is much in the media regarding juvenile justice and suggested it be included as a future agenda item due to the potential impact on certain populations.
- Lord announced that Region 5 is seeking members for a Consumer Family Advisory Committee, focusing on people affected by mental health or substance abuse issues. Region 5 is also accepting applications for projects promoting recovery and positive change.
- Donovan queried as to whether there should be standing agenda items such as a legislative update or from his perspective as a SACSAS member, updates for key indicators and trends.
- Kutz reminded the committee that the next meeting is in February 2016, after the Unicameral completes bill introductions, and suggested DBH send updates in the interim.

IX. Adjournment and Next Meeting

The meeting was adjourned at 4:05 p.m. The next Joint meeting of the State Advisory Committee on Mental Health Services and the State Advisory Committee on Substance Abuse Services is scheduled on Thursday, February 18, 2016.

Minutes prepared by the Division of Behavioral Health, Nebraska Department of Human Services. Minutes are intended to provide a general summary of the proceedings.

11-19-2015 Meeting Minutes

State Advisory Committee on Mental Health Services

Election of Officers for 2016

The following excerpt from the Committee By-Laws may assist in the election process:

Article V – Officers

Section 1

Selection: Officers of the Committee shall be a Chairperson, Vice-Chairperson and Secretary.

Section 2

Duties: The duties of the Officers shall be:

Chairperson – Preside at all Committee and Executive meetings and:

- (1) Attend annual technical assistance meeting on MH Block Grant
- (2) Represent Nebraska at the MH Block Grant application review
- (3) Write a letter representing the committee's point of view after reviewing the MH block grant application, to be attached and is due September 1.
- (4) Write a letter after reviewing Mental Health block grant implementation report due Dec. 1
- (5) Perform any other duties designated by the Committee.
- (6) Review attendance report and contact members as needed.

Vice-Chairperson – Shall act for the Chairperson in his/her absence. Shall perform other duties as designated by the Chairpersons or Committee.

Secretary – Shall act for the Chairperson and Vice-Chairperson in their absence. Shall perform other duties as designated by the Chairpersons or Committee and is designated to review meeting minutes prior to distribution to committee members.

Section 3

At the fall meeting the committee will select officers for one year. The new officers' term are January 1 through December 31. In the event of a vacancy, the Committee will elect a member to serve the unexpired term of office.

Section 4

Executive Committee: The Executive Committee shall consist of the Chairperson, Vice-Chairperson and Secretary. A Chairperson may call the Executive Committee together with the approval of the Division, at his/her discretion. If a meeting of the Executive Committee is held, the full Committee will be notified at the next regularly scheduled meeting. The Executive Committee may not vote or act for the full Committee.

State Advisory Committee on Mental Health Services Election of Officers for 2016

For annual leadership selection, may do voice vote or secret ballot.
Secret ballot total votes for a candidate must be reflected in the minutes even though how each member voted is not recorded.*

	Nominees	Elected
Chairperson	1. _____	1. _____
	2. _____	
	3. _____	
Vice Chairperson	1. _____	1. _____
	2. _____	
	3. _____	
Secretary	1. _____	1. _____
	2. _____	
	3. _____	

*Taken from DBH Advisory Committee Tips for Open Meetings and Roberts Rules:

State Advisory Committee on Substance Abuse Services

Election of Officers for 2016

The following excerpt from the Committee By-Laws may assist in the election process:

Article V – Officers

Section 1

Selection: Officers of the Committee shall be a Chairperson, Vice-Chairperson and Second Vice Chairperson. Initial Officers shall be appointed by the Division of Behavioral Health at the first meeting and will be elected by the Committee annually thereafter. In the event of a vacancy, the Committee will elect a member to serve the unexpired term of office.

Section 2: The duties of the Officers shall be:

Chairperson – Preside at all Committee and Executive meetings and perform any other duties designated by the Committee.

Vice-Chairperson – Shall act for the Chairperson in his/her absence.

Second Vice Chairperson – Shall act for the Chairperson and Vice-Chairperson in their absence. Shall perform other duties as designated by the Chairperson or Committee.

Section 3

Term: At any time that a member cannot complete the term of office a new election shall be held to fill the vacancy.

Section 4

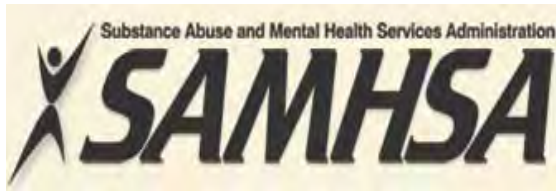
Executive Committee: The Executive Committee shall consist of the Chairperson, Vice-Chairperson and Second Vice Chairperson. A Chairperson may call the Executive Committee together with the agreement of the Division at his/her discretion. If a meeting of the Executive Committee is held, the full Committee will be notified at the next regularly scheduled meeting. The Executive Committee may not vote or act for the full Committee.

State Advisory Committee on Substance Abuse Services **Election of Officers for 2016**

For annual leadership selection, may do voice vote or secret ballot.
Secret ballot total votes for a candidate must be reflected in the minutes even though how each member voted is not recorded.*

	Nominees	Elected
Chairperson	1. _____ 2. _____ 3. _____	1. _____
Vice Chairperson	1. _____ 2. _____ 3. _____	1. _____
Second Vice	1. _____	1. _____
Chairperson	2. _____ 3. _____	

*Taken from DBH Advisory Committee Tips for Open Meetings and Roberts Rules:



2014/2015 Block Grant – Priority Updates

*State Priority Areas	Goal & Performance Indicator
1 – Prevention: Alcohol Use Among Youth <div>Achieved</div>	<u>Goal:</u> Reduce binge drinking among youth up to age 17. <u>Performance Indicator:</u> Percentage of students in 9th-12th grade who reported having five or more drinks on at least one occasion in the past 30 days. <u>First year-target:</u> Percentage of students in 9th-12th grade who reported having five or more drinks on at least one occasion in the past 30 days will decrease to 15% in 2013. <u>Second-year target:</u> N/A because the survey is conducted every 2 years. <i>Status: 13.6% of students indicated that they had five or more drinks of alcohol in a row within the last 30 days as reported in the most recent YRBS data.</i>
2 – Youth: Improved Family Functioning <div>Achieved</div>	<u>Goal:</u> Families and youth receiving services will experience improved family functioning. <u>Performance Indicator:</u> 100% of youth under the age of 18 / Families admitted to the Professional Partner Program (PPP) will be assessed using the designated tool for family functioning to establish a baseline measure of family functioning. <u>First year-target:</u> By June 30, 2014, 25% of the families admitted to the PPP in SFY2014 will receive an assessment of family functioning through the use of the selected tool. <u>Second-year target:</u> By June 30, 2015, 95% of the families admitted to the PPP in SFY2015 will receive an assessment of family functioning through the use of the selected tool. <i>Status: Item 4.6 of the Wraparound Fidelity Index (WFI) 4 has been selected to measure Family Functioning. Over 95% of caregivers of youth enrolled in the Professional Partner Program complete the WFI assessment. Caregivers rate their agreement to Item 4.6 which reads “Has the wraparound process helped your family to develop or strengthen relationships that will support you when wraparound is finished?”</i>
3 – Co-Occurring Disorders <div>Achieved</div>	<u>Goal:</u> Providers demonstrate better ability to understand persons with Co-Occurring Disorders (COD) in order to improve the treatment and recovery services. <u>Performance Indicator:</u> Use COMPASS-EZ to improve the treatment and recovery services. <u>First year-target:</u> Statewide scores on sections of the COMPASS-EZ will establish the baseline. <u>Second-year target:</u> Statewide scores on selected sections of the COMPASS-EZ will increase according to the baseline / first year target. <i>Status: Per contract with RBHAs, providers completed a reassessment using the COMPASS-EZ in FY15 and made improvements in every area.</i>

*Not in order of priority

*State Priority Areas	Goal & Performance Indicator
4 – Trauma-Informed Care <div>Achieved</div>	<u>Goal:</u> Increase the BH workforce education to provide Trauma-Informed Care. <u>Performance Indicator:</u> Use Fallot and Harris Trauma Informed Care (TIC) tool to improve the treatment and recovery services. <u>First year-target:</u> Statewide scores on sections of the TIC tool will establish the baseline. <u>Second-year target:</u> Statewide scores on selected sections of the TIC tool will increase according to the baseline / first year target.
<i>Status: Per contract with RBHAs, providers completed a reassessment using the TIC tool in FY15 and made improvements in every area.</i>	
5 – Peer Support <div>Achieved</div>	<u>Goal:</u> Increase the capacity of the system to use Peer Support. <u>Performance Indicator:</u> Use of Peer Support to provide Recovery Supports in Nebraska. <u>First year-target:</u> By June 30, 2014, there is one plan approved by the DBH Director on the Use of Peer Support to provide Recovery Supports in NE. <u>Second-year target:</u> By June 30, 2015, the DBH will implement 25% of Plan.
<i>Status: A Peer Support Plan was approved by the Director. Implementation for well over 80% of the plan has occurred. Action items still underway or under review: reassessment of workforce using peer support employment survey (previously conducted in 2012) and cost analysis for peer support services.</i>	
6 – Tuberculosis (TB) <div>Achieved</div>	<u>Goal:</u> To Screen for TB. <u>Performance Indicator:</u> RBHAs will comply with contract requirements for tuberculosis screening to be provided to all persons entering a substance abuse treatment service. <u>First year-target:</u> The contract requirement was maintained with the RBHAs for tuberculosis screening provided to all persons entering a substance abuse treatment service. <u>Second-year target:</u> The contract requirement was maintained with the RBHAs for tuberculosis screening provided to all persons entering a substance abuse treatment service.
<i>Status: Per contract with RBHAs, providers conducted the TB screenings for FY15.</i>	

*Not in order of priority

Fiscal Year 2015 in Review

Presented November 19, 2015

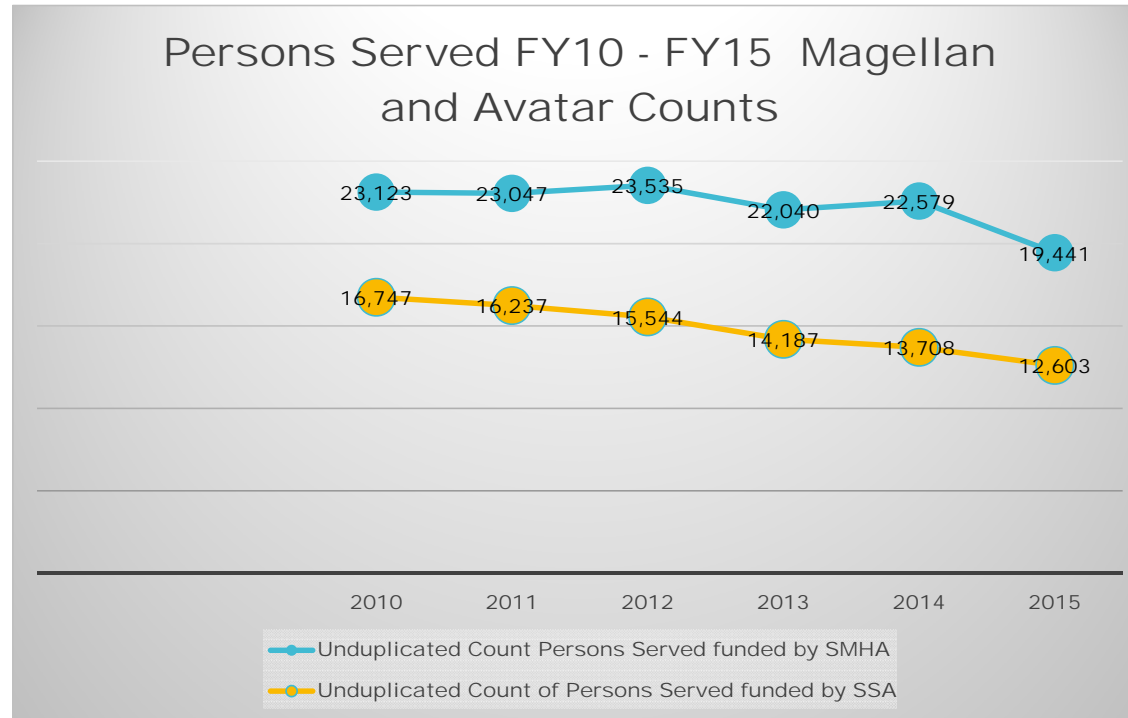


DBH helps systems that help people recover

Persons Served

28,184 in
community-
based settings

1,064 in
Regional Centers



Additional Counts for Mental Health Services (MRO & Subacute) due to \$\$ transfer:

FY14 Unduplicated served count of Medicaid only: 390

FY15 Unduplicated served count of Medicaid only: 1,835

Additional Counts for SA Waiver Services due to \$\$ transfer :

FY14 Unduplicated served count of Medicaid only: 190

FY15 Unduplicated served count of Medicaid only: 353

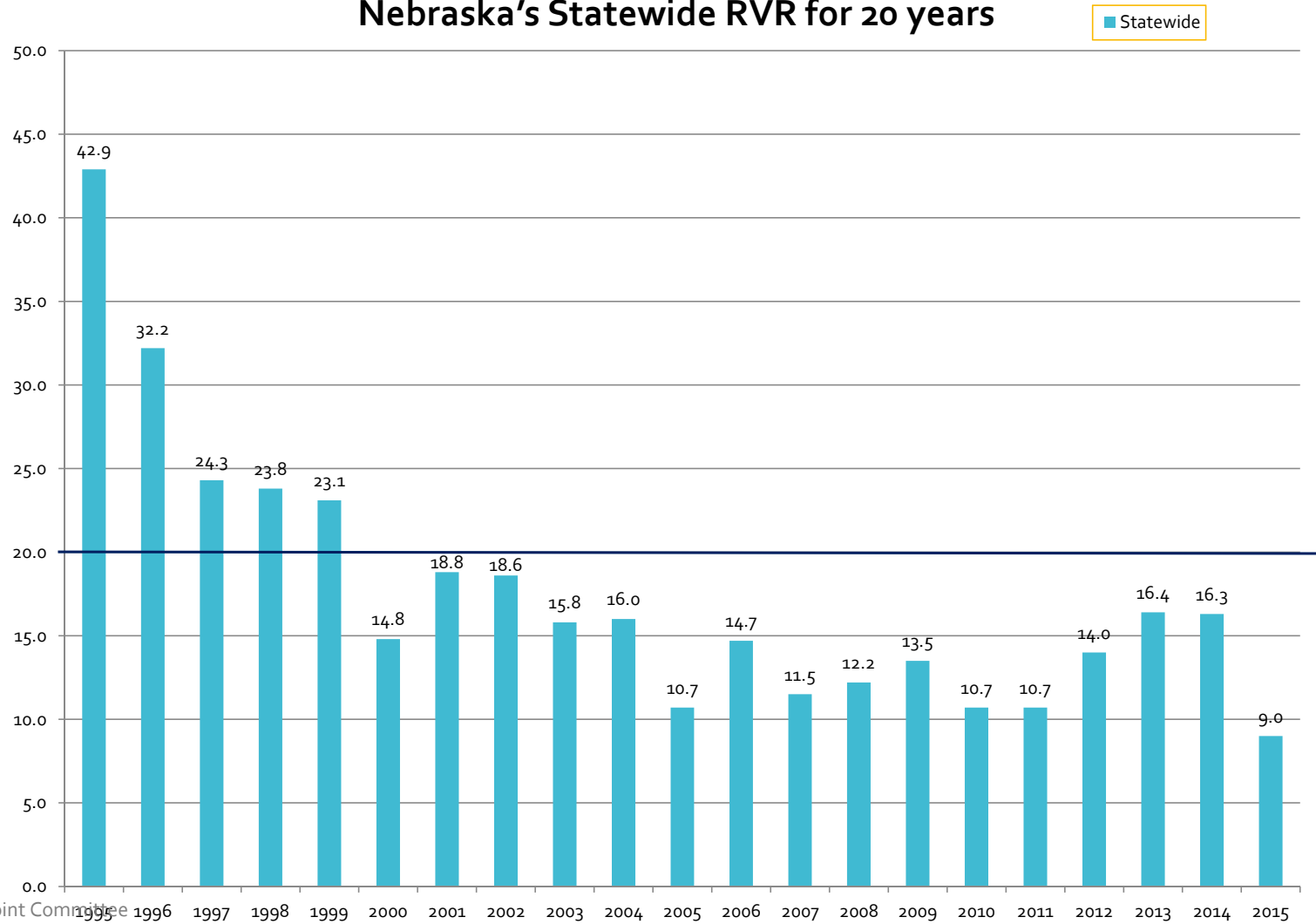
For MH Services: Serious Mental Illness (SMI) and Serious Emotional Disturbance (SED)

FY2015 Persons Served with SMI/SED					
	Clients with SED		Clients with SMI		Total Clients Served in MH and Dual Services
Age Group	N	%	N	%	N
0-12y	618	73.0%	58.2%		847
13-17y	758	77.3%			980
18-20y	75.3%		390	42.1%	927
21-24y			911	50.8%	1,795
25-44y			4,865	56.3%	8,637
45-64y			3,849	65.5%	5,877
65-74y			204	64.8%	315
75y+			36	57.1%	63
Total	1,376	7.1%	10,255	52.7%	19,441
Unduplicated Count of Clients with SED or SMI			11,631	% Clients with SED or SMI	59.80%

2015 Synar Results

Inspections completed	Completion Rate	Violations of youth access to tobacco laws	This year's Retailer Violation Rate
415	95.2%	37	9.0%

Nebraska's Statewide RVR for 20 years



2015 Synar Results by Troop Area

Patrol Area	Population Center	Inspections completed	Citations	RVR %
A - O	City of Omaha	64	2	3.1%
A - N	Non Omaha	34	3	8.8%
B	Northern	74	9	12.2%
C	Grand Island	63	2	3.2%
D	North Platte	50	11	22.0%
E	Panhandle	30	0	0.0%
Hq	Southeast	100	10	10.0%
	Statewide	415	37	9.0%

Frequency Distribution

Gender	Age	Number of Inspectors	Attempted Buys	Successful Buys
Male 15.3%	15	4	76	6
	16	3	66	5
	17	4	59	9
	Subtotal	11	201	20
Female	15	6	74	4
	16	5	64	7
	17	5	76	6
	Subtotal	16	214	17
Grand Total		27	415	37

Buy Rate in Percentage by Age and Gender

Age	Male	Female	Total
15	7.9%	5.4%	6.7%
16	7.6%	10.9%	9.2%
17	15.3%	7.9%	11.1%
Total	10.0%	7.9%	8.9%

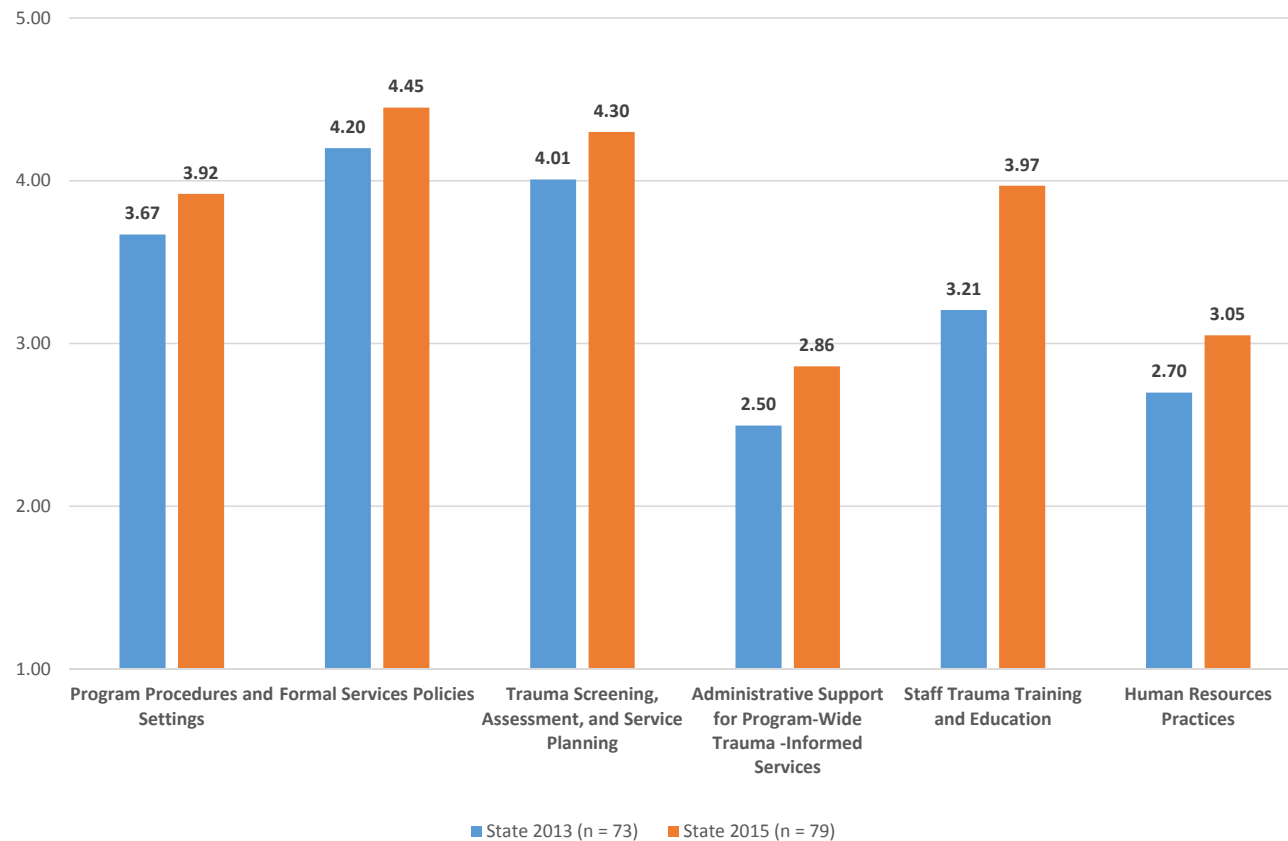
2015 Tobacco Compliance Checks

Description	Count	Eliminated
Original Sample size	486	
In operation but closed at time of visit	18	
Unsafe to access	2	
Non-complete (reservation, no arrest power)	1	
Total (Eligible Non-completes)		21
Out of Business/temporary closure	8	
Does not sell tobacco products	23	
Inaccessible by youth	1	
Private club or residence	1	
Duplicate	13	
Wholesale/carton only	3	
Can't be located	1	
Total (Ineligibles)		50
Total Eligible and outlet inspection completed	415	71

Trauma Informed Care (TIC)– State 2013 vs. State 2015 Results

5 = Best Score Possible

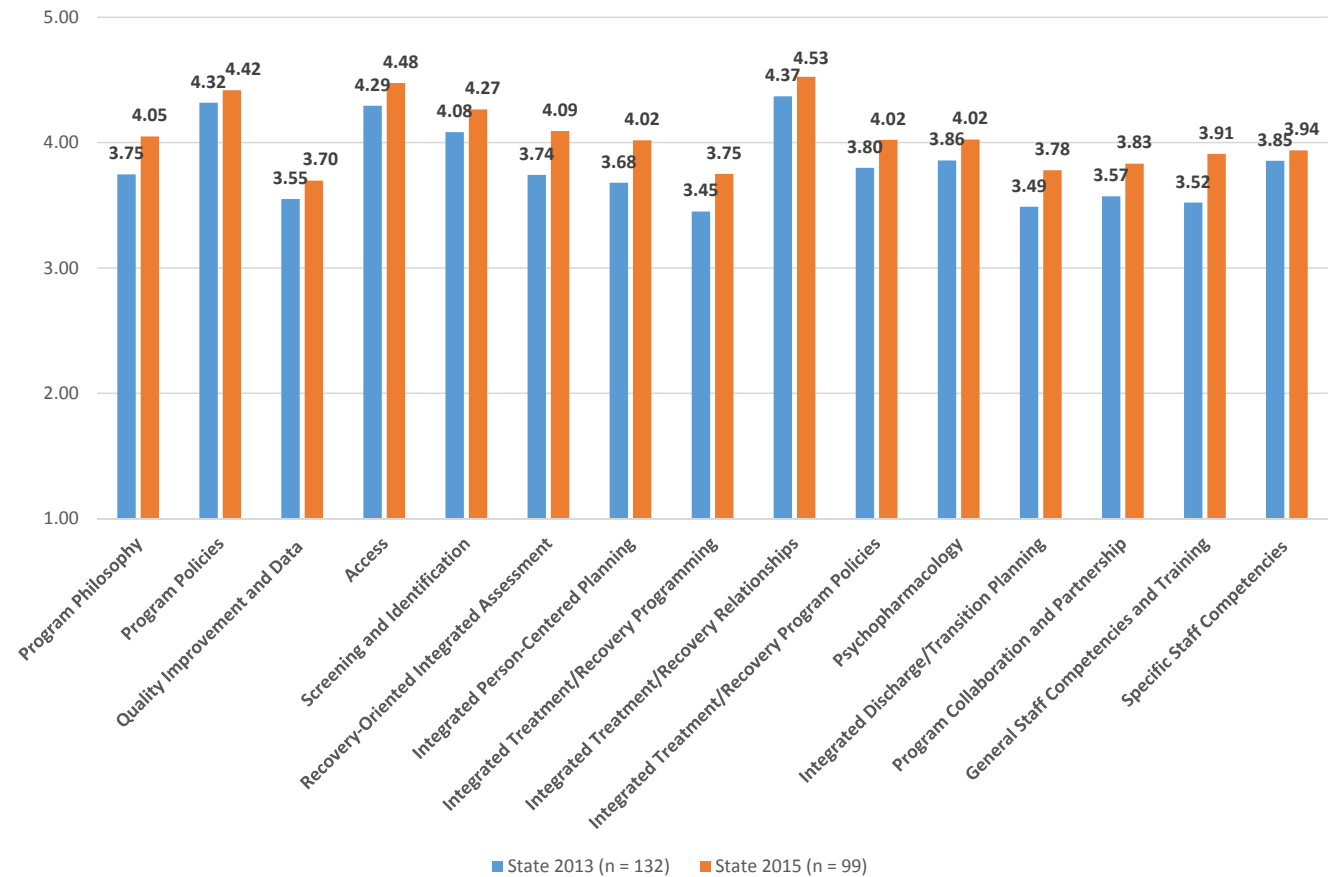
TIC - State 2013 vs State 2015



Compass-EZ – State 2013 vs. State 2015

5 = Best Score Possible

Compass-EZ - State 2013 vs. State 2015



Thank you!

*Heather Wood
David DeVries
Abby Heithoff
Office Phone: (402) 471-1423
Email: heather.wood@nebraska.gov*

SACMHS & SACSAS Joint Committee
November 19, 2015 Meeting -
ATTACHMENT 4



Questions?
Comments?
Feedback?



Financial Information

For December 1, 2015 Implementation
Report

Block Grant Reporting

- ▶ Community Mental Health Services Block Grant
 - Federal Funds: amount spent in State fiscal year regardless of which grant award
 - State Funds: amount spent in State fiscal year

- ▶ Substance Abuse Prevention & Treatment Block Grant
 - Federal Funds: specific award (2 year expenditure period)
 - State Funds: amount spent in State fiscal year

Community Mental Health Services Block Grant

- ▶ Period: July 1, 2014 – June 30, 2015 (SFY15)
- ▶ Maintenance of Effort:
 - Amount of State Funds Expended for Mental Health Services
 - Must meet or exceed average of prior two years
 - Amount of State Funds Expended for Children's Mental Health Services
 - Must meet or exceed amount of funds expended in 2008

Community Mental Health Services Block Grant

▶ State Expenditures for Mental Health Services

- SFY13 = \$64,316,059
- SFY14 = \$53,745,967
- 2 year average = \$ 59,032,513

FY15 Expenditures = \$ 54,410,720

NIS FY15 Summary of Expenditures

Community Mental Health Services Block Grant

- ▶ Amount of State Funds Expended for Children's Mental Health Services
 - Meet or exceed 2008 Level: \$4,108,818
- ▶ SFY15 Expenditures: \$ 7,437,712

DBH FY15 State Reconciliation/FY15 Summary of Expenditures

Community Mental Health Services Block Grant

► Federal Block Grant Funds: October 1, 2012 – September 30, 2014

◦ Adult Services	\$1,076,718	(54.8%)
◦ Children Services	\$779,028	(39.7%)
◦ Peer Review/Training	\$10,450	(0.5%)
◦ Administration	<u>\$98,220</u>	(5.0%)
◦ Total	\$1,964,416	

DBH FY15 MHBG Reconciliation

Community Mental Health Services Block Grant

▶ State Funds for Aid to or for Individuals:

July 1, 2014 – June 30, 2015

◦ Adult Services	\$46,973,008 (86.3%)
◦ Children Services	<u>\$7,437,712</u> (13.7%)

(does not includes Children's hotline \$1,366,796)

Total	\$54,410,720
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Substance Abuse Prevention & Treatment Block Grant

- ▶ Period: July 1, 2014 – June 30, 2015
- ▶ Maintenance of Effort:
 - Amount of State Funds Expended for Substance Abuse Services
 - Must meet or exceed average of prior two years expenditures
 - Amount of State & Federal Funds Expended for Pregnant Women & Women With Dependent Children Services
 - Must meet or exceed amount of funds expended in 1994

Substance Abuse Prevention & Treatment Block Grant

▶ Other Requirements:

- A minimum of 20% of every SAPTBG award must be spent on Primary Prevention
- No more than 5% of any SAPTBG award may be used for administration expenses.

Substance Abuse Prevention & Treatment Block Grant


- ▶ State Expenditures for Substance Abuse Services
 - ▶ Must meet or exceed average of prior two year expenditures
 - SFY13 = \$25,026,522
 - SFY14 = \$23,346,022
 - 2 year average = \$24,186,272
 - SFY15 Expenditures = \$23,862,171

▶ NIS FY15 Summary of Expenditures

Substance Abuse Prevention & Treatment Block Grant

- ▶ Amount of State & Federal Funds Expended for Pregnant Women & Women With Dependent Children Services
 - ▶ Meet or exceed 1994 Level: \$753,713
- ▶ SFY15 Expenditures: \$2,152,358

NIS FY15 Summary of Expenditures



Substance Abuse Prevention & Treatment Block Grant

Federal FY13 Award

(October 1, 2012 – September 30, 2014)

▶ Treatment Services:	\$4,818,266	(65.0%)
▶ Women Services:	\$448,609	(6.0%)
▶ Primary Prevention:	\$1,649,752	(22.2%)
▶ Peer Review & SA Training:	\$129,885	(1.8%)
▶ Administration:	<u>\$370,869</u>	(5.0%)
▶ Total Federal Award:	\$7,417,381	

Federal FY13 Award, NIS Grant Project Status

Substance Abuse Prevention & Treatment Block Grant

State Funds for Aid to or for Individuals

July 1, 2014 – June 30, 2015

▶ Treatment Services:	\$21,915,712	(91.8%)
▶ Women Services:	\$1,686,618	(7.1%)
▶ Primary Prevention:	<u>\$259,841</u>	(1.1%)
▶ Total	\$23,862,171	

DBH FY15 State Reconciliation & NIS FY15 Summary of Expenditures

For more information:

Karen Harker

Federal & Fiscal Performance Administrator

Office: 402-471-7796

Cell: 402-416-7262

Email: Karen.harker@nebraska.gov



Programs



RESPECT Objectives

- To teach students the dynamics of bullying, child abuse, and teen dating violence.
- To teach, interact with, and demonstrate for students behavioral choices and strategies for helping themselves and their peers with bullying, child abuse, and teen dating violence.
- To provide and teach about resources available to help students with bullying, child abuse, and teen dating violence.



Puppy Pals

Pre-K - Kindergarten | 25 Minutes

This program focuses on identifying emotions, respecting diversity, and treating others kindly. Students will learn how to make friends and how to "stop and think." Pending availability, students will receive a stuffed animal to practice the behaviors learned.

Objectives & Learning Points

- Making Helpful Choices
- Respecting Diversity
- Learning How to Make a Friend
- Exercising Impulse Control



Stop & Think

K - 3rd Grades | 1 Hour

This program focuses on the identification of many bullying behaviors and prevention techniques. Students will learn how situations can change and how a person can become empowered if they "stop and think."

This program includes interactive scenes in which the students are asked to participate by providing suggestions exercising impulse control to lead to a happy ending.

Objectives & Learning Points

- Identifying Bully, Target, and Bystander
- Identifying Verbal and Physical Bullying and Exclusion
- Learning Techniques for Bullying Prevention
- Exercising Impulse Control



Natalie the Net Nanny

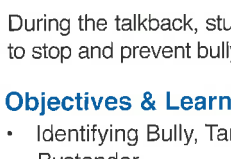
2nd - 6th Grades | 1 hour

This updated play teaches students how to keep themselves safe while using and enjoying the benefits of their computers, tablets, smartphones, gaming systems, and social media.

Audience members are invited to interact with actors as they learn safer ways to socialize, learn, play, and stay connected in digital society and what to do if they encounter cyberbullying or harassment. Adapted from a play by Doug Marr.

Objectives & Learning Points

- Identifying Cyber Bullying and Harassment
- Recognizing of Safe vs. Unsafe Websites
- Learning What Personal Information Should Stay Private
- Exercising Safe Communication Techniques with Online Friends



Fun & Games

K - 3rd Grades | 1 Hour

This program helps students identify bullying behaviors and prevention techniques. Students will learn about the importance and power of the bystander.

Students are encouraged to participate in role-play activities, respond respectively to bullying behaviors as the target or bystander, and realize what is "fun and games" for one person may be painful for another.

Objectives & Learning Points

- Identifying Bully, Target, and Bystander
- Identifying Verbal and Physical Bullying and Exclusion
- Learning Techniques for Bullying Prevention
- Exercising Impulse Control



The Bubbylonian Encounter

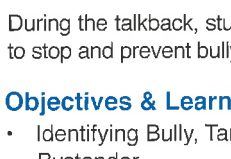
K - 3rd Grades | 1 hour

In this updated play, an alien named Bub helps children learn about and distinguish between healthy and unhealthy touch. Audience members learn along with Bub the alien as the humans she meets provide

information, strategies, and resources to help them grow, explore, and be safe in the world around them with family, friends, and strangers. Adapted from a play by Gene Mackey.

Objectives & Learning Points

- Identifying Healthy vs. Unhealthy Touch
- Identifying Private Body Parts
- Understanding How to Set and Respect Boundaries
- Understanding the Importance of Reporting Abuse



Teaming Up

4th - 6th Grades | 1 Hour

This program explores how bullying escalates over time and how it can affect not only the targets, but the bystanders who see bullying in their school as well. It also explores the different types of bullying and

how bullying back can often cause more problems than it solves.

During the talkback, students have the opportunity to practice techniques to stop and prevent bullying during a fun and safe role-play.

Objectives & Learning Points

- Identifying Bully, Target, and Bystander
- Identifying Verbal, Physical, Social and Cyber Bullying
- Learning Techniques for Bullying Prevention
- Empowering Bystanders



Too Big a Secret

4th - 6th Grades | 1 Hour

This program helps students understand how child abuse at home can affect the ways that a child relates with others at school, and how some students who display bullying behavior may also be targets of bullying elsewhere. The play

teaches students about some of the warning signs of abuse, the importance of reporting suspicions, and how to best help peers who may be suffering from child abuse.

Objectives & Learning Points

- Identifying Warning Signs of Abuse
- Identifying Forms of Abuse
- Identifying Local Resources
- Understanding the Importance of Reporting Abuse
- Empowering Bystanders



Scraps

6th - 9th Grades | 1 Hour

Developed at the request of students, this program focuses on social bullying, the bullying that can occur within friendships or when relationships are used to hurt other people. Students will learn how to identify these

subversive bullying behaviors and how to respond as the target or bystander. During the talkback, students have the opportunity to practice techniques to stop and prevent bullying during a fun and safe role-play.

Objectives & Learning Points

- Identifying Bully, Target, and Bystander
- Identifying Verbal, Physical, Social and Cyber Bullying
- Learning Techniques for Bullying Prevention
- Empowering Bystanders



Standing Up

9th - 12th Grades | 1 Hour

This program addresses bullying that uses gay slurs to hurt others regardless of whether they identify as LGBTQ. In this play, we focus on the severe consequences this type of bullying can have on targets and those who may be

questioning their own sexual orientation. It also focuses on the power bystanders can have in helping targets in these situations. During the talkback, students can anonymously submit questions on notecards to be answered by our panel.

Objectives & Learning Points

- Identifying Verbal, Physical, Social and Cyber Bullying
- Identifying Bullying in the Form of Using Gay Slurs
- Learning Techniques for Bullying Prevention
- Empowering Bystanders
- Understanding the Importance of Reporting Bullying



Cracked But Not Broken

9th - 12th Grades | 1 Hour

This program focuses on teen dating violence. Students will learn how to identify warning signs of abusive relationships and how to use local resources to help themselves or their peers.

During the talkback, students can anonymously submit questions on notecards to be answered by our panel. A local



Between the Lines

4th - 6th Grades | 1 Hour

This program addresses multiple forms of bullying - verbal, physical, social, and cyber - especially within social groups. The program shows the impact on kids who are put in the middle of conflicts between their own friends. During the

talkback, students have the opportunity to practice techniques to stop and prevent bullying during a fun and safe role-play.

Objectives & Learning Points

- Identifying Bully, Target, and Bystander
- Identifying Verbal, Physical, Social and Cyber Bullying
- Learning Techniques for Bullying Prevention
- Empowering Bystanders



Choices

6th - 9th Grades | 1 Hour

A menu program developed to cater to the specific needs of an individual school or organization, this program focuses on teen social issues, mental health, and negative and positive peer pressure. Hosts choose three of the

following seven scenes that are most relevant to the unique needs of the students they serve. During the talkback, students can anonymously submit questions on notecards to be answered by our panel including a mental health professional.

Scene Options

- Alcohol Abuse
- Body Image
- Bullying
- Drug Abuse
- Self-Injurious Behavior
- Suicide/Depression
- Teen Dating Violence



Reporting

9th - 12th Grades | 1 Hour

Based on true stories, this program focuses on bullying and the tragic consequences that can occur. Students will learn how small actions can have big results, both positive and negative.

They are encouraged to report bullying behaviors

and take an active bystander role in the problem-solving process with adults. During the talkback, students can anonymously submit questions on notecards to be answered by our panel.

Objectives & Learning Points

- Identifying Verbal, Physical, Social and Cyber Bullying
- Learning Techniques for the Prevention of Tragic Consequences
- Empowering Bystanders
- Understanding the Importance of Reporting Bullying

professional in the area of intimate partner violence will sit on the panel as a physical representation of whom they can go to for help.

**This program can be adapted for college level audiences.*

Objectives & Learning Points

- Identifying Warning Signs of Abuse
- Identifying Teen Dating Violence
- Identifying Local Resources
- Empowering Bystanders



QUICK FACTS

- RESPECT “Stages Conversations” about healthy relationships.
- RESPECT is a 501(c)3 not-for-profit organization that promotes a community collaboration to build healthy relationships among children and youth through theatre.
- RESPECT started in 2000 when Dr. Patricia Newman, Educator and Child Psychologist, and currently the Executive Director developed a community collaboration to use theatre as an educational tool to prevent violence in an effort to build healthy relationships among children and youth.
- RESPECT OBJECTIVES: Teach dynamics/information; demonstrate strategies/behaviors; provide resources to prevent bullying and other abusive relationships/provide support.
- To date more than 400,000 students and adults have participated in RESPECT programs throughout Nebraska and Iowa!
- RESPECT is a team of professional Actor-Educators who travel to communities throughout the Midwest to present educational plays and facilitate group conversations/designed to prevent bullying, negative peer pressure and dating violence and facilitate healthy relationships.
- RESPECT has programs for preschool through college age students and adults.
- RESPECT demonstrates strategies to prevent bullying, relational aggression, negative peer pressure, dating violence and sexual harassment for students and their peers.
- RESPECT conducts workplace, teacher and parent trainings for adults using theatrical techniques paired with interactive conversations and activities.

- RESPECT works collaboratively with the support of a Community Advisory Committee including area schools, service and faith-based entities.
- RESPECT works with feedback from a Student Advisory Committee of high school students who provide program input and evaluation for program development.
- RESPECT works with independent evaluators to assess the impact of our programs.
- RESPECT puts 85% of its funds into direct program costs per our latest 990 form.
- 70% of middle school students and 90% of high school students reported that the RESPECT program is a good way to learn. (2013)
- 85% of approximately 1, 500 high school students who saw our "CRACKED BUT NOT BROKEN" program reported that the play was helpful for understanding Teen Dating Violence. (2010)
- 87% of the students reported that the conversation following the play was helpful for understanding Teen Dating Violence. (2010)
- 83% of those students reported they would use this knowledge in assessing future relationships. (2010)
- RESPECT is the recipient of multiple awards for its work and programming in preventing violence in relationships among children and teens. Recent awards include the Voices for Children Non Profit of the Year Award and the Domestic Violence Council's Purple Ribbon Award.
- Students tell us: "The play was great!" "The play showed us verbal and physical bullying." "The actors were really good." "Bystanders can be a part of the bullying problem if they don't help."

Advisory Committee Survey Results

Presented November 19th, 2015



DBH helps systems that help people recover

Survey Response Review

SACMHS & SACSAS Joint Committee
Meeting, November 19, 2015 -
ATTACHMENT 7



Survey Response Summary

- Survey open from October 5th - October 23rd
- Survey sent to 30 individuals
- 21 complete responses received /2 partial
- 70% overall Response Rate
- Mental Health – 13 (62%)
- Substance Use Disorder – 8 (38%)

Membership Tenure for Respondents

	n	%
Less than a year	1	4.8
1-2 years	6	28.6
3-4 years	8	38.1
5 years or more	6	28.6

Reason sought membership Thoughts?

	n	%
1. It supports my personal interests, or that of my organization, or community.	20	95.2
2. I was specifically asked to consider becoming a committee member.	19	90.5
3. To provide assistance and recommendations to the Division of Behavioral Health to improve access to and quality of behavioral health and/or prevention services.	18	85.7
4. It supports my personal and professional development, or that of my organization.	18	85.7
5. To be a voice of consumers and families and promote their interests.	16	76.2

Impact

Describe the impact the committee meetings have had on you

(Complete Agree, Mostly Agree, Neither Agree nor Disagree, Slightly Disagree, Completely Disagree)

Thoughts?

	Agree	Disagree	Neutral
I feel like I can make a difference for myself and others with the relationships I have built and the information I have obtained during the meetings.	100%		
Since my attendance, I have increased my knowledge about co-occurring capable and recovery-oriented systems of care.	100%		
Since my attendance, I have increased my knowledge about block grant requirements.	95.2 %	4.8%	
My involvement on the committee has increased my capacity to better serve consumers and families within my community.	81.0%	9.5%	9.5%
My involvement on the committee has provided me with the knowledge to effectively advocate for consumers and families within my service system.	80.9%	4.8%	14.3%
I would recommend others to attend the committee meetings.	71.4%	9.5%	19.0%
Overall, I am satisfied with the impact of the committee meetings have had on me.	85.8%	4.8%	9.5%

Role

Describe your perceived role as a committee member

(Complete Agree, Mostly Agree, Neither Agree nor Disagree, Slightly Disagree, Completely Disagree)

Thoughts?

	Agree	Disagree	Neutral
It is my duty to provide advice and recommendations to DBH.	100%		
It is my duty to promote the interests of consumers and their families.	90.5%	4.8%	4.8%
It is my duty to share my personal and professional experiences to inform DBH in their decision making.	90.5%		9.5%
It is my duty to gather information from committee meetings and take it back to my community and/or organization.	95.2%		4.8%
It is my duty to gather information from my community and/or organization to share with the committee I serve on.	95.2%		4.8%

Performance

On the committee for which you serve, describe how often you perform the following
(Always, Almost Always, Often, Seldom, Never)

Thoughts?

	Always / Almost Always	Often	Seldom/Never
I provide advice and recommendations to DBH.	47.6%	42.9%	9.5%
I promote the interests of consumers and their families.	71.4%	23.8%	4.8%
I share my personal and professional experiences to inform DBH in their decision making.	66.7%	23.8%	9.5%
I gather information from committee meetings and take it back to my community and/or organization.	71.4%	28.6%	
I gather information from my community and/or organization to share with the committee I serve on.	61.9%	28.6%	9.5%

Opportunity

Describe how often DBH provides you with the opportunity to do the following
(Always, Almost Always, Often, Seldom, Never)

Thoughts?

	Always / Almost Always	Often	Seldom/Never
Provide advice and recommendations to DBH.	66.7%	33.3%	
Promote the interests of consumers and their families.	76.2%	23.8%	
Share my personal and professional experiences to inform DBH in their decision making.	71.4%	23.8%	4.8%
Gather information from my committee to take back to my community and/or organization.	66.7%	28.6%	4.8%
Share information from my community and/or organization with the committee I serve on.	66.7%	23.8%	9.5%

Quality Improvement

Please indicate which of the following activities would be beneficial to enhance the overall experience for committee members

(Complete Agree, Mostly Agree, Neither Agree nor Disagree, Slightly Disagree, Completely Disagree)

Thoughts?

	Agree	Disagree	Neutral
Create a committee member directory to be shared with all members to enhance cross system networking.	90.5%		9.5%
Enhance committee webpages on the DBH internet.	71.4%		9.5%
Create additional time for networking amongst members.	57.2%	4.8%	38.1%
Increase sharing of information related to opportunities for involvement in statewide activities.	76.2%		23.8%
Create additional opportunities to engage in group activities.	76.2%	4.8%	19%
Assess methods to develop agenda, locate speakers, and/or engage public participation.	85.7%	4.8%	9.5%
Increase sharing of information related to legislative activities.	81%		19%
Increase opportunities for public advocacy and education.	85.7%		14.3%
Increased presentation of information regarding issues and trends related to behavioral health.	100%		

Greatest challenges to integration

Thoughts?

- Incorporate more support for family members of consumers
- Promote Peer Support
- Appreciate the talents of people on the committee
- Talk to committee members more and ask members questions
- Opportunities for special committee work outside of meetings
- Better understanding of our role and better understanding of the direction and concerns of the Division
- Discussing topics related to co-occurring disorders
- Uniform Behavioral Health Committee instead of SA/MH committee
- Creating a common language of recovery

Suggestions for improving committee effectiveness

Thoughts?

- Give members more opportunities to provide feedback
- Review committee suggestions to the Division and provide updates on the progress of meeting these suggestions
- Engaging committee members in conversation

Additional Suggestions

- What observations do you find most important from these results?
- What recommendations do you have for overall improvement related to Advisory Committees?

Thank you!

Heather Wood
Office Phone: (402) 471-1423
Email: heather.wood@nebraska.gov

SACMHS & SACSAS Joint Committee
Meeting, November 19, 2015 -
ATTACHMENT 7



Questions?
Comments?
Feedback?



2016

JOINT MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES ADVISORY COMMITTEE

Proposed 2016 Meeting Dates:

FEBRUARY

Thursday		
February 18, 2016		

JUNE

Thursday		
June 23, 2016		

AUGUST

Thursday		
August 18, 2016		

NOVEMBER

Tuesday		
November 15, 2016		